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28327 7590 05/05/2004

**THE LAW OFFICE OF JOHN A. GRIECCI**  
**703 PIER AVE., SUITE B #657**  
**HERMOSA BEACH, CA 90254**

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<b>ROBERT LONGABAUGH</b>	(Depositor's name)
<i>Robert Longbaugh</i>	(Signature)
<b>JULY 29, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/854,148	05/12/2001	Masahiko Matsukawa	NPF1002-01US	6785

TITLE OF INVENTION: TREATMENT AGENT FOR HYDROPHILICITY AND METHOD FOR PREPARING THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAIN, EDWARD J	1714	524-492000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**NIPPON PAINT CO., LTD.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**OSAKA, JAPAN**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-1809** (enclose an extra copy of this form).

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